

**HOLY NAMES UNIVERSITY
CALCULATION OF CHARGES & PAYMENT WORKSHEET 2007-08**

Social Security Number _____ Phone _____
(required)

Last Name _____ First Name _____

Billing address _____
street city state ZIP

TUITION

Adult undergraduate \$470/unit x _____ units = _____

Graduate \$635/unit x _____ units = _____

Audits \$150/unit x _____ units = _____

FEES (see Catalog for a complete list)

Campus Fee \$340/year (\$170/semester or \$85/term) ----- _____

Private Music Lessons \$750 per instrument, per term----- _____

ROOM & BOARD

See a Student Accounts representative for rate information if you plan to live on campus.

TOTAL CHARGES FOR 2007-08----- **A**

FINANCIAL AID PER AWARD LETTER

Note: Do not include federal Work Study or University Employment funds in this calculation

Total Federal Stafford and/or PLUS loans _____ x 0.97 = _____ **B**

Total scholarships, grants, subsidies, Perkins Loans----- **C**

Add lines B + C----- **D**

This is your total adjusted financial aid amount for 2007-08.

AMOUNT YOU OWE OR REFUND AMOUNT

Line A _____

minus _____

Line D _____

Total _____ **E**

If this is a **positive** number, this is the amount you owe. You must choose a payment option on Page 2.
If this is a **negative** number, this is the amount you can expect to receive in a series of financial aid refund checks. You do not need to choose a payment plan. Proceed to the "agreement" section on Page 2.

Name _____
If you owe, write the amount from **Line E** here \$ _____

PAYMENT OPTIONS

1) EMPLOYER TUITION REIMBURSEMENT

If your employer has a reimbursement policy, **you are required to complete and submit an HNU Employer Reimbursement Certification to the Student Accounts Office no later than the first day of classes for each term.** Subtract the amount that your employer will pay from **Line E** to determine the amount that you will need to pay and then choose a payment option.

2) PER-TERM PAYMENTS

If you calculated your tuition for **fall and spring**, divide the amount that you owe by two payments \$ _____

Payments are due August 20, 2007 and January 7, 2008

If you calculated your tuition for **fall only**, your **full payment is due August 20, 2007**

If you calculated your tuition for **spring only**, your **full payment is due January 7, 2008**

There is a \$250 late fee for payments received after the deadlines

Make checks payable to Holy Names University and mail to 3500 Mountain Blvd. Oakland, CA 94619
ATTN: Student Accounts. We accept MasterCard, Visa, AmEx, and Discover. Please call 510.436.1096 or fax 510.436.1199 your credit card number, expiration date, security code, contact phone number, and dollar amount by the due date for **each** payment. **We require your authorization for each credit card payment. We will not automatically charge your card for the second payment.**

3) TUITIONPAY MONTHLY PAYMENTS

For a \$60 enrollment fee, you can spread your payments out over several months. We ask that you sign up for the **next available plan**.

Payment plans **begin** on the first of every month from July through October and December through February: July (10 payments), August (9 payments), September (8 payments), October (7 payments), no enrollment in November, December (5 payments), January (4 payments), and February (3 payments).

To **learn more** about TuitionPay or to **enroll** in the monthly plan, visit their website at www.tuitionpay.com or call 800.635.0120 to speak to a TuitionPay consultant. Brochures and enrollment forms are also available in the Student Resource Center.

AGREEMENT

I have chosen the following payment option/s (circle): 1 2 3

Note about health insurance: Health insurance is available for purchase at a cost of \$622 per year. Health insurance is **mandatory** for all semester undergrads, international, student-athletes, and resident students. **If you are one of these types of students and you do not provide proof of insurance coverage by completing a waiver you will automatically be enrolled and charged for the University's plan.** The deadline for completing the waiver is September 12 (entering in the fall), or January 28 (entering in the spring.) The fee is not reversible. **Please contact the Division of Student Affairs at 510.436.1419 or stop by Brennan 57 for deadline, enrollment and waiver information.**

I understand that I am responsible for payment of any additional amount resulting from changes in my financial aid or class schedule and that it is my responsibility to contact the Student Accounts Office should any of these changes occur. I understand that I may be dropped from classes at HNU if payment is not made by the deadlines or according to the terms of this agreement. I understand that refunds or cancellations for tuition are made in accordance with the refund schedule in the Schedule of Classes and only after an official withdrawal from the University has been processed by the Registrar/Residence Life Offices. I understand refunds/cancellations are not granted to a student who withdraws from a portion of their total academic program after the refund period. I accept responsibility for payment of actual cost and expenses of collection including, without limitation, reasonable attorney's fees and collection cost.

Signature _____ Date _____

YOUR REGISTRATION IS NOT COMPLETE UNTIL THIS WORKSHEET IS RECEIVED BY THE STUDENT ACCOUNTS OFFICE.

DEADLINE FOR FALL IS AUGUST 1; DEADLINE FOR SPRING IS JANUARY 2. FAX OR MAIL BOTH PAGES BY THE DEADLINE. FAX 510.436.1199. QUESTIONS? CALL 510.436.1096 OR 510.436.1133